

A Study on Reasons of Absconds From Inpatient Ward in Government Hospital for Mental Care Visakhapatnam

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Abstract:

Background:

1. Absconding, or going absent without leave, is a common feature within psychiatric wards, with rates of between 34% and 39% cited
2. Some of the adverse consequences of absconding include loss of treatment, violence to others, self-neglect, self-harm, and suicide.
3. Unauthorized absence of a patient from the ward arouses genuine concern on the part of the professionals responsible for their care.

Objective: To elicit the reasons of the absconds and to enhance the family ward admissions in government hospital for mental care, Visakhapatnam.

Method:

- Sample was collected from records available in the record room of government hospital for mental care Visakhapatnam, period from April 2013 to March 2014.

Results: Out of 232 patients an average of about 115 patients (55%) were absconded due to admission against their interest and will and 55 members (20%) strong intention to leave before admission and 30 members (5%) because substance and alcohol misuse the other reasons which are less likely to absconds from ward are about 20% with increased psychiatric symptoms, family troubles, irritability, refusal to take medicines.

I. Introduction

Absconding, or going absent without leave, is a common feature within psychiatric wards, with rates of between 34% and 39% cited. Some of the adverse consequences of absconding include loss of treatment, violence to others, self-neglect, self-harm, and suicide. Unauthorized absence of a patient from the ward arouses genuine concern on the part of the professionals responsible for their care.

Absconding was usually defined as patients being absent from the ward without official permission (AWOL). However, there were variations in the time period a patient could be absent before being classified as an abscond, ranging from 1 hour (Bowers et al. 2003a) to 72 hours (Atkinson, 1971). Some papers referred to a cut-off of 24 hours or before midnight on the day of absconding, but most studies did not specify a time period. Some studies were of irregular discharges of various sorts, so included data for patients who were AWOL as well as those discharged against medical advice (AMA). A significant social economic and emotional costs are associated with absconding. Absconding also places a burden upon staff who worry about the safety of absconding patients and upon the police who are often involved in returning patients to hospital.

II. Aims And Objectives:

To elicit the reasons of the absconds and to enhance the family ward admissions in government hospital for mental care, Visakhapatnam. And to strengthen the community psychiatric care.

III. Methodology:

A retrospective descriptive design aimed to identify the rate of absconding and reasons for absconds from records available in the record room of government hospital for mental care, Visakhapatnam. The sample was collected during the period between April 2013 to March 2014. The sample was evaluated and the reasons of absconds were assessed by comparing with demographic profile data, and with the help of patients case sheet where reasons were documented at the time of absconds.

IV. Results:

During the period of sample collection, there were total number of absconds 232, out of which 200 male patients and 32 Female patients were absconded from the in-patient wards.

Demographic data:

SEX	NUMBER/PERCENTAGE
Male	200(86.2%)
Female	32(13.7%)
Total	232

Of these male patients age group between 15-30 years 95 patients, 82 patients are between 31-45 years, 21 patients between 46-60 years, and 2 patients above 60 years. 19 Female patients are between 15-30 years, 10 patients are between 31-45 years, 3 patients are between 46-60 years, and nil patients above 60 years.

Age group	Male patients	Female patients
15-30 years	95 (40.94%)	19(8.18%)
31-45 yrs	82(35.34%)	10(4.31%)
46-60 yrs	21(9.05%)	3(1.29%)
>60 yrs	2(0.86%)	Nil

Out of 232 patients 130(56.03%) of patients were diagnosed as Schizophrenia (, 30.17%) 70 patients diagnosed as Bipolar disorder and 13.7 % (32) were diagnosed as other disorders.

Diagnosis	Number of patients absconds
Schizophrenia	130 (56.03%)
Bipolar disorder	70 (30.17%)
Others	32 (13.7)

Reasons of absconding : Out of 232 patients an average of about 115 patients (49.5%) were absconded due to admission against their interest and 55 members(23%) strong intention to leave before admission and 30 members (12%) because substance and alcohol misuse the other reason which are less likely to abscond from ward are increased psychiatric symptoms, family troubles , irritability, refusal to take medicines, consent of their properties, need of money, ward environment, missing friends and family, poor compliance, fear of other patients, gaining more staff attention, and they feel boredom.

Reasons for absconding from in-patient ward:

NUMBER OF PATIENTS	REASONS FOR ABSCONDS
115 (49.56%)	Admission against their interest
55 (23.70%)	Strong intention to leave before admission
30 (12.93%)	Alcohol and substance misuse
32(13.79)	Others

V. Discussion:

The study was conducted in Government hospital for mental care, Visakhapatnam, to elicit the reasons of the absconds and to enhance the family ward admissions. In this study there was highly preponderance of male patients about 86.2% abscond from the family ward than Female patients 13.7%. According to Sheichmoonsi et al results were similar to our study i.e about 83.9% of male patients absconds than female patients. As another study Molnar and pinchoff report that males were twice as likely to abscond as females.

Age distribution of the study population showed that majority of patients 49.12% belonged to the age group of 15-30 years out of which 40.94% male patients and 8.18% of female patients abscond from the ward, when compared to other studies according to Meyer et al age about 22 years, Molnar et al 27, 32 Yasini et al and 38 years Quinsey et al. Our study was similar to Altman et al as about 15-19 years ,two studies found that 66% and 74% of absconds to be under 40 yrs old which was slight higher than our study. A Canadian study reported that 44% of absconds were b/w 20-29 yrs, which was similar to our study. However most of the studies found that over half of absconds to be under 40 yrs old. And 39.65% belonged the age group b/w 31-45 yrs, according to Andoh and Meehan et al found that the same results. And about 10.34% absconds are belonged to the age group b/w 46-60 yrs and 2% above 60 yrs of patients. Out of which 40.94% of male patients age b/w 15-30 yrs, 19 were (8.18%) female patients.

Out of 232 patients in our study 56.03% patients were diagnosed as schizophrenia when compared to Muir cochrance 68.03% were slightly higher than our study. Similar results were given by Krista et al. Almost all the studies illustrates that schizophrenia is the most frequent diagnosis amongst patients who abscond. The other diagnosis Bipolar disorder 30.17% and others like depression disorder, other psychotic disorders were about 13.7%, substance misuse about 12% were absconded from the ward.

The median length of stay overall was 1-10 days.(80%) remaining 20% absconds with in 20 days of their admission. However, the median length of stay for acute care patients was 22 days. Many studies concluded that length of stay is about 2 weeks from the date of admission .According to Muir coherence the

median length of stay is about 25 days. According to K.A. Mosel et al about 21 days, 18.6+ or -21 days for Undine E. Lang et al.

When the reasons for absconds were analysed, it was found that a majority of the patients at about 49.56% were absconded due to admission against their interest and will and 23.70% were with strong intention to leave before admission, about 12.93% because of substance and alcohol misuse, the other reasons (13.79%) which are less likely to abscond from ward are increased psychiatric symptoms, family troubles, irritability, refusal to take medicines, consent of their properties, need of money, ward environment, missing friends and family, poor compliance, fear of other patients, gaining more staff attention and they feel boredom. When compared to Len Bowers' study the reasons for absconds are they are bored, frightened of other patients, feel trapped and confined, have household responsibilities, they feel they must fill, feel cut off from relatives and friends or worried about security of their home and property, psychiatric symptoms, some patients leave impulsively and in anger following and welcome news about delayed permission for leave or discharge. Others leave specifically in order to carry out some activity outside hospital. Another used a combination of interviews and case note analysis to conclude that there was generally one main reason for absconding in the 210 instances reported (Muller 1962), the most frequent reason are: treatment failure (50%). The results of this study conclude that to increase the family ward admissions as the result of that creating the awareness about mental illness to the family members for early diagnosis and relapse prevention which in turn reduces the admissions in mental hospital.

References:

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